MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)

10/518789 APPLICANT(S) SERIAL NO.

FILING DATE

CLAIMS

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| PTO - 1360 | (REV. 11/04) | | <u>-</u> - | | | | | | | LS. DEPARTS atent and Tra | | | | |